

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (*Section III*).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (*Include ZIP Code*)  
BDE2. TO (*Include ZIP Code*)  
REGION3. FROM (*Include ZIP Code*)  
SCHOOL**SECTION I - PERSONAL IDENTIFICATION**4. NAME (*Last, First, MI*)

5. GRADE OR RANK/PMOS/AOC

6. SOCIAL SECURITY NUMBER

**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_  
effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**8. I request the following action: (*Check as appropriate*)

Service School ( <i>Enl only</i> )	Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty	On-the-Job Training ( <i>Enl only</i> )	Identification Tags
Volunteering For Oversea Service	Retesting in Army Personnel Tests	Separate Rations
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB
Exchange Reassignment ( <i>Enl only</i> )	Officer Candidate School	X Other ( <i>Specify</i> ) <b>REGIMENTAL AFFILIATION</b>
Airborne Training	Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (*When required*)

10. DATE (YYYYMMDD)

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

Request that I be affiliated with the \_\_\_\_\_ with a homebase at \_\_\_\_\_.  
(unit) (post)

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**11. I certify that the duty status change (*Section II*) or that the request for personnel action (*Section III*) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

PMS